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Bib Data Sheet

CONFIRMATION NO. 4637

<b>SERIAL NUMBER</b> 09/560,597	<b>FILING OR 371(c) DATE</b> 04/28/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> BU-022XX
<b>APPLICANTS</b> Timothy E. McAlindon, Belmont, MA; Karim A.N. Kabbara, Weymouth, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/131,528 04/29/1999 <i>RP</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 07/10/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>RP</i> Acknowledged <i>RP</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 38
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 207				
<b>TITLE</b> Method for conducting clinical trials over the internet				
<b>FILING FEE RECEIVED</b> 1204	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	